

North Macon Preschool
4K Application 2017 - 2018

A non-refundable application fee must accompany this form.

For Office Use Only:

Date Application Received _____

Date Application Fee Received _____

Date Immunization Record Received _____

Received by _____

Carpool Number _____

Student Information

Child's Full Name _____

Name child goes by if different from given name _____

Child's Date of Birth _____ Sex ____ F ____ M

Address _____

City, State, Zip _____

Home Phone _____ Email address _____

Any known allergies?

Does your child have an EpiPen? ____ Yes ____ No **If yes, you need to fill out a medical authorization form in the preschool office.**

Parent/Guardian Information

Father's Name _____

Address (if different from above) _____

Business phone _____ Cell Phone _____

Occupation _____ Employer _____

Mother's Name _____

Address (if different from above) _____

Business phone _____ Cell Phone _____

Occupation _____ Employer _____

In the event of an emergency, whom should we contact first? Mom or Dad

If neither parent can be reached we should contact:

Name _____

Phone Number _____ Cell phone _____

Child's physician _____ Phone number _____

TURN FORM OVER

Persons permitted to pick up child (other than parents):

Name _____ Address _____
Phone Number _____ Cell Phone _____

Name _____ Address _____
Phone Number _____ Cell Phone _____

Other Information:

Child lives with _____ Both Parents _____ Mom _____ Dad _____ Other _____

Parents are _____ Married _____ Divorced _____ Separated _____ Other _____

Does your family attend church regularly? _____ Yes _____ No

If yes, where? _____

Previous preschools attended _____

Brothers and sisters (list with ages) _____

Any special instructions or information about your child that would be helpful:

How did you hear about North Macon Preschool?

_____ Picked up a brochure from _____
_____ Referred by _____
_____ Saw the sign out front
_____ Website
_____ Ad in Yellow Pages
_____ Other _____